Alexandria City Department of Recreation, Parks & Cultural Activities

# **Out of School Time**



August 23, 2021-June 10, 2022 2:30 PM-6:00 PM

703.746.5414 alexandriava.gov/Recreation

2021-22 School Year

### OUT OF SCHOOL TIME PROGRAM August 23, 2021 – June 10, 2022 2:30 PM-6:00 PM

Welcome to the 2021-2022 Out of School Time Program. We are excited to have you and your family join us this school year. The Department of Recreation, Parks & Cultural Activities is offering an afterschool program at 7 City of Alexandria Recreation Centers and 2 ACPS locations. The Out of School Time Program is designed for youth ages 5-12 years old, entering Kindergarten through grade 6. Program participants are encouraged to meet new friends, play, build, learn and grow through a variety of recreation, enrichment, and recreation-based leisure activities. The afterschool program includes creative and performing arts; music & movement; sports & physical fitness opportunities; health & wellness activities; special events; enrichment & STEM opportunities; and homework time. Program meets after school 2:30 - 6 pm and 12:30 - 6 pm on ACPS early release days. The program is closed on designated City holidays, ACPS Professional Development and Teacher Work Days.

**Registration:** Payment of \$575 is due at the time of registration and can be made by check, credit card or money order. Checks and money orders must be made payable to the City of Alexandria. The school year program is open to City of Alexandria residents ONLY. Financial assistance is available for eligible families. For more information, please contact the Registration and Reservation Office at 703.746.5414.

# General Information and Guidelines for Out of School Time Program COVID-19 Related Information

The following information lists safety protocols that follow Federal, State, and local guidelines to prevent the spread of COVID-19.

**Temperature Screening:** Temperature screenings will be conducted daily. Children's temperatures will be checked mid-day again, and parents will be contacted if their temperature registers 100.4 or above. In case a child has a temperature or any other illness during the day, they will be isolated from the group, and the parent/guardian will be contacted to pick them up as soon as possible.

**Pick Up:** Children can be picked up at any time; however, that time can be no later than 6 p.m. Late pickups can result in your child's/children's removal from the program. Children will only be released to those adults (18 years and older) that are designated and authorized on the registration form to pick up the child/children. Parents must call the center/ site when they are at the entrance of the building to pick up their child/children. Parents/Guardians may be required to produce an official ID.

**Daily Cleaning:** All surfaces and equipment are wiped down and disinfected throughout the program day and at the end of each program day. Each child will be provided a "pack" of supplies that will be exclusively used by them. Items will include pencils, markers, etc. to help reduce the spread of germs. All sports equipment is disinfected daily and between group usages.

**Daily Hygiene:** Everyone is required to wash or sanitize their hands frequently with soap and water for at least 20 seconds. All staff and children are required to wash or sanitize, when entering activity areas, before and after meals or snacks, after outdoor play, after going to the bathroom and prior to leaving for home.

### **OUT OF SCHOOL TIME PROGRAM**

### August 23, 2021 – June 10, 2022 2:30 PM-6:00 PM

		Please select a program preference	Please select a program preference:			
	Program Cost	Charles Barrett	MacArthur			
Resident	\$ 575	Charles Houston	Mount Vernon			
Free/Reduced	\$ 295	Ferdinand T. Day	Nannie J. Lee			
SNAP	\$ 245	John Adams	Patrick Henry			
TANF	\$ 145	Leonard "Chick" Armstrong	☐ William Ramsay			
Name of Part	cicipant	Birth Date	Age Gender			
Address		City	StateZip			
Home PhoneSch		School	Grade Level (21-22)			
PARENT/GU/	ARDIAN INFORMAT	TION:				
Parent/Guard	dian Name	Work #	Cell #			
Parent/Guard	dian Name	Work #	Cell#			
Email:						
Parent/Guard	dian Work Location	/Address				
Parent/Guard	dian Work Location	/Address				
Emergency Contact #1*		Phone #	Cell #			
Address		City	StateZip			
Emergency C	ontact #2*	Phone #	Cell #			
		City				
*Emergency	Contacts must be s	omeone other than the parents and available d	uring program hours.			
Person(s), ot	her than parents, a	authorized to pick up child:				
Name #1		Phone #	Cell #			
Address		City	StateZip			
Name #2*		Phone #	Cell #			
Address		City	State 7in			

If a parent or other adult is NOT allowed to pick up the child, attach a copy of applicable paperwork such as custody papers.

MEDICAL/SOCIAL INFORMATION NAME OF PARTICIPANT				
Does your child have medical conditions we need to be aware of, such as allergies or intolerance to foods, medications? $\Box$ Yes $\Box$ No if the answer is "yes", please explain/describe medical condition:				
Please describe action to be taken in an emergency:				
Does your child have recent operations or any other pertinent medical information that might require special attention? $\Box$ Yes $\Box$ No if the answer is "yes", please explain:				
List prescribed medications your child takes and what staff are NOT authorized to administer medication. The emergency that requires treatment.	is information may be needed in case of a medical			
Medication your child takes:	Medication for treatment of:			
Please list any social, behavioral or cognitive challenges your child may have that you believe staff should be aware of:				
Please list any accommodations or additional support needed:				
The City of Alexandria is committed to compliance with request a reasonable accommodation, contact Jackie F 703.746.5423 (VA Relay 711) or jackie.person@alexandria.	Person, Therapeutic Recreation Program Manager, at			
Name of Participant's Physician	Phone #			
Parent/Guardian Insurance Information:				
Company	Policy #			
Note: The City of Alexandria does not provide medical insurance for your child. In the event of illness or injury requiring treatment, hospitalization, and/or surgery, the family medical insurance must be used.				
acquire emergency treatment at my expense for the particle and continuous acquire emergency treatment of Recreation, Parks and Culturundersigned realizing the risk of injury attendant to sure City of Alexandria, Department of Recreation, Parks and employees from any and all action, claims or liability reinjury or property damage or illness which may be sust while participating in such programs.	Il Activities, Recreation Services Division, permission to articipant named above. In consideration of the City of iral Activities, conducting various programs, the ch programs, does hereby and forever discharge the d Cultural Activities and its officers, agents and esulting from or arising out of or based upon any bodily tained by the undersigned or the undersigned's child			
SIGNATURE REQUIRED OF PARENT/GUARDIAN	Date			

### **RULES AND REQUIREMENTS**

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In order for your child to participate in the 2021 Out of School Time Program, you must understand and comply with all of the following rules and requirements.

"Parent" also refers to a legal quardian.

### **SCHOOL YEAR PROGRAM:**

- Must be a current resident of the City of Alexandria. Parents must provide two forms of identification to verify address.
- Prior to participation in an activity held offsite, the parent/guardian must fill out and sign a permission slip authorizing their child's participation and pay the required fee.
- This program is not licensed child care programs but are based on local standards. Each location's program is planned to be age appropriate and properly supervised. Standards of care are available online at alexandriava.gov/Recreation.
- I give the Department of Recreation, Parks and Cultural Activities, Recreation Services Division, permission to acquire emergency treatment, at my expense, for my child.
- I give permission for my child to participate in activities, discussion groups and personal development activities led by professionals as part of the program.
- I consent to the City of Alexandria's use of photographs, film or video, which includes my child in activities sponsored by the Department of Recreation, Parks and Cultural Activities for use in marketing or promotional material.
- I understand that children are expected to respect center staff, program participants, equipment, supplies and facilities. Inappropriate behavior, abusive language, physical altercations, physical/verbal aggression, destruction of property, possession of weapons or other unlawful items and other serious offenses will NOT be tolerated and will require disciplinary action up to and including suspension from the program. Staff will make every effort to work with parents to assist youth with behavior issues affecting their participation in the program.
- Participants enrolled in the summer program **MUST** be signed in and out by a parent or authorized adult daily. Parents are responsible to pick youth up by 6 p.m.

### **COVID-19/Protecting Participants Release and Indemnity:**

I agree that I and all other Participants and/or persons in my family involved in any way in the Program will
fully comply with all federal, state, county and city ordinances, codes, rules, regulations, executive and/or
emergency orders, and to strictly follow the protocols as directed by the Centers for Disease Control and
Prevention, Virginia Department of Health, arising from, addressing, or related to COVID-19 and/or any
other threats to public health.

I have read, understand, and agree to abide by the above rules and requirements:					
SIGNATURE OF PARENT/GUARDIAN	DATE				
SIGNATURE OF PARTICIPANT	DATE				

### FINANCIAL ASSISTANCE APPLICATION

DEPARTMENT OF RECREATION, PARKS & CULTURAL ACTIVITIES, 1108 Jefferson Street, Alexandria, Virginia 22314

To be considered for assistance, you must complete the entire application form and return it, with supporting documentation, to the Department of Recreation, Parks and Cultural Activities. If the request is for a class or camp, return with completed registration forms to the Lee Center, Registration & Reservation Office, 1108 Jefferson St., Alexandria, VA 22314 or fax to 703.746.5564. Applicants must demonstrate need in order to receive assistance. If you have questions about this form, please call 703.746.5414 or visit our office.

## FORMS MUST BE RECEIVED AT LEAST 2 WEEKS PRIOR TO THE START OF THE PROGRAM. INCOMPLETE FORMS WILL BE RETURNED.

Participant's Name							
Parent/Guardian's Name		Email					
Address		Zip	Code				
Phone: (H)		(W)					
Explain the reason for your request (attach additional sheet if necessary)							
Program Cost: \$	Program Name:						
Do you qualify for free/reduced school Do you receive SNAP? Do you receive TANF?	ol meals?	If yes, case number:	cumentation attach documentation attach documentation				
Signature		Dat	e				
For Office Use Only							
□Approved □ Denied Amount of assistance: %		Amount required to pay \$					
Comments:							
Signature of Supervisor		Date					
Signature of Director/Designee		Date					

**Safety and Physical Distancing:** We will maintain a maximum of up to a 20:1 (Children: Group Leader) ratio, with an additional program supervisor on-site. This will ensure that staff and students maintain the practice of 6' physical distancing. We will also utilize masks and additional PPE equipment to the maximum extent practicable.

**Protective Gear:** All children are required to have their own protective gear (mask) when arriving to the program. All children are required to wear a face mask indoors and outdoors. Mask breaks will be implemented throughout the day.

Groups of up to 20 will meet in separate rooms and rotate through activities during the day to include gym and outdoor play as appropriate. Children will be spaced 6' apart in their assigned room.

**Meals:** Snacks will be provided by ACPS Nutrition Service. Please visit ACPS online School Café for more information on school meals and free or reduced meals application process. Parents are to ensure that information is provided to staff of all food allergens that their child/children might have via the application and registration process. If your child has a special diet, please plan to send their meals on a daily basis.

**Code of Conduct:** Children are expected to follow the RPCA Code of Conduct that is described in the paragraphs below. Parents will be notified of any issues or concerns by staff when deemed appropriate.

**Dress Code:** Children are required to dress in appropriate clothing in keeping with what is needed for recreation style activities with both indoor and outdoor play. Tennis shoes or rubber-soled shoes are required (for your child's safety, bare feet, or open-toed shoes are not permitted). Black-soled shoes are not recommended as they may leave marks on gym floors.

**Behavior:** Participants, parents, and staff are always expected to address each other respectfully and cordially. All children must conduct themselves in a manner that does not endanger their safety or the safety of others.

Children must provide their own personal items to participate in the program:

- Protective Gear: All children are required to have their own protective gear (mask) when being dropped
  off at the facility. All children are required to wear a face mask indoors and outdoors. Mask breaks will be
  implemented throughout the day.
- · Personal refillable water bottle
- Cell phones, if brought to program, will be kept in the center office and only used with staff permission;
   parents should call the center to speak with their child

**Prohibited Items**: Children are not permitted to bring the following items to the program:

- Personal items of value
- Video Games
- Flip flops, sandals, or open-toed shoes
- Medication of any kind (unless accompanied by Authorization/Permission for Administration of Medication)
- Collectibles that could become lost, broken, or stolen





# CITY OF ALEXANDRIA Department of Recreation, Parks & Cultural Activities Recreation Services Division

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